

## INTERMEDIARY CUSTOMER INFORMATION REQUEST

Complete this form and return it to us.

Allow 48 hours for us to process your request. Before we can release customer information you'll need to be registered with The Cambridge.



**THE  
CAMBRIDGE**  
Building Society

Head Office, PO Box 232, 51 Newmarket Road, Cambridge CB5 8FF

**PLEASE USE BLOCK CAPITALS**

### INTERMEDIARY DECLARATION

I confirm that I am authorised to act on behalf of the named applicants in connection with this enquiry and that I am acting within my authority. The information will only be used in conjunction with the needs of the applicants. I accept responsibility for the security of any information provided to me.

I understand this agreement finishes six months from the date of enquiry.

What do you need this information for?

Product switch     Porting     Additional loan     Other, please specify \_\_\_\_\_

|                    |                   |
|--------------------|-------------------|
| Intermediary name: | Business address: |
| Company name:      |                   |
| Date:              |                   |
| Signed:            | Telephone:        |
| Email:             |                   |

### CUSTOMER MORTGAGE ACCOUNT INFORMATION

|                       |  |
|-----------------------|--|
| Account number:       | <input type="checkbox"/> Residential <input type="checkbox"/> Buy to Let |
| Security address:     |  |
| First applicant name: | Second applicant name:   |
| Date of birth:        | Date of birth:   |
| Telephone:            | Telephone:   |

### APPLICANT DECLARATION

I / we agree to you providing all information about my / our mortgage account to the mortgage intermediary named above.

Signed by all holders:

First applicant \_\_\_\_\_ Date \_\_\_\_\_

Second applicant \_\_\_\_\_ Date \_\_\_\_\_